

## Evaluation of Supplemental Educational Services (SES) TEACHER SURVEY

Please complete this survey and return to: \_\_\_\_\_

School Name: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

SES Provider Name: \_\_\_\_\_

For the following statements, please indicate your level of satisfaction.

Service Elements		Satisfactory	Unsatisfactory
1.	I was invited to participate in the development of the achievement goals for my student(s).		
2.	I received information on a monthly basis about the academic progress of student(s) in my class.		
3.	Services were offered on a consistent basis.		
4.	The provider met the achievement goals of each student receiving supplemental educational services.		
5.	The curriculum and instruction provided were consistent with the district's instructional program and the New Jersey Core Curriculum Content Standards (CCCS).		

I recommend this provider for continued approval: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date

